COMMONWEALTH OF VIRGINIA DECLARATION OF CANDIDACY

I,JOHN	RANDOLPH			NELSON MAR 0 3 2014,			
FIRST NAME 1626 MORRISON	DRIVE,	MIDDLE OR MAIDEN N	IAME	LAST NAME		SUFFIX, IF ANY	
RESIDENT ADDRESS	of T	YNCHBURG		horoby dos	122 th 62 (b) ex ex ex ex e	to the case was the trace of the case of t	
of the city/ county /t the office of <u>Ci</u>	tv Council	in	the	, nereby dec	ciare myse	f to be a candidate for	
District in the elect			ENTER CONGRES			CT, IF APPLICABLE; OTHERWISE LEAVE BLANK	
	☑ Gen	eral	□s	pecial			
	☐ Dem	ocratic Primary	□R	epublican Prima	ary		
If I am a candidate				my name is not	to be print	ed on the ballots to be	
Given under m	y hand this	28th day of	February		_, 20 _14	_•	
SIGNATURE OF CANDIDATE John Lando			Nelson	(AREA CODE) H	OME TELEPHONE	434-384-7428	
PRINTED NAME OF CANDIDATE	olph Nelson		(AREA CODE) BUSIN	IESS TELEPHONE	434-528-1078		
MAILING ADDRESS	1626 Mor	rison Drive					
CITY/TOWN/STATE/ZIP+4	Lynchbur	g, Virginia 2	4503				
	re two persons re by witnesses C	OR notary	ED TO VOTE IN THE EL	ECTION DISTRICT IN WH		LEDGEMENTS OR DATE OFFERS FOR OFFICE.	
20 _ 14_, by _ Jo		vas subscribed a	and sworn befo	re me this28	thday of _	February,	
WITNESSED:							
1. SIGNATURE OF QUALIFIED		2	IGNATURE OF QUALIFIED V	OTER			
PRINT FULL NAME			F	RINT FULL NAME			
RESIDENT ADDRESS				ESIDENT ADDRESS			
CITY/TOWN		ZIP	_	ITY/TOWN		ZIP	
OR PLACE PHOTOGRAPHICALLY REF	Charles the second					•	

THIS DECLARATION OF CANDIDACY MUST BE FILED WITH PETITIONS CONTAINING THE REQUIRED NUMBER OF SIGNATURES OF REGISTERED VOTERS. TO OBTAIN ALL REQUIRED FORMS AND CANDIDATE INFORMATION BULLETIN WHICH DETAILS QUALIFICATIONS, NUMBER OF SIGNATURES REQUIRED, WHERE TO FILE AND FILING DEADLINES, CALL THE STATE BOARD OF ELECTIONS AT:

804-864-8901 OR OUTSIDE THE RICHMOND CALLING AREA, TOLL-FREE 800-552-9745.